

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/04/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90830, 90915 and 90889 for the date of service 04/16/03.

II. RATIONALE

According to MFG descriptor and MFG MGR (II)(E)(2)(a), the MAR for CPT code 90830 is \$125.00 per hour. The requestor billed the respondent \$375.00 and the respondent made a payment of \$125.00, leaving \$250.00 in dispute. Carrier denied service as "G-Payment denied-the service is included in the global value of another billed procedure." The carrier did not indicate what these services are global to. Relevant information indicates that these services were delivered as an initial evaluation to determine the injured worker's readiness for the program. However, medical dispute is unable to determine the amount of time billed for the additional 2 hours.

Therefore, based solely on this information additional reimbursement is not recommended for CPT code 90830.

According to MFG descriptor and MFG MGR (II)(E)(2)(a), the MAR for CPT code 90889 is \$2.00 per minute. The requestor billed the respondent \$90.00 and the respondent made no reimbursement. Carrier denied service as "G-Payment denied-the service is included in the global value of another billed procedure." However, this CPT code indicates this report is for other physicians, agencies or insurance carriers. Requestor already billed for the report with CPT code 90830 and therefore CPT code 90889 is considered global. Therefore, based solely on this information reimbursement is not recommended for CPT code 90889.

CPT code 90915, requestor billed \$270.00, carrier made no reimbursement and denied services as, "G-Payment denied-the service is included in the global value of another billed procedure." CPT code listed does not have a MAR and is a DOP procedure. Requestor submitted relevant information, but does not indicate the amount of time billed per MFG GI (III). Therefore, reimbursement is not recommended for CPT code 90915.

III. FINDINGS & DECISION

The above Findings and Decision are hereby issued this 27th day of May 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

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